

Application for Employment with Washington State Ferries

RETURN THE COMPLETED APPLICATION TO

WSF/HUMAN RESOURCES
Attn: Summer Hire
2901 3rd Ave, Suite 500
Seattle, WA 98121-3014

Please review all questions carefully before preparing your application.

POSITION (Job Title for which you are applying) DECK HAND		NAME (Last, First, and Middle Initial)	
MAILING ADDRESS (include apartment number, if any)		SOCIAL SECURITY NUMBER (for identification only)	
CITY	COUNTY	STATE	ZIP
EMAIL ADDRESS		HOME TELEPHONE ()	
		WORK (or message) TELEPHONE ()	

US COAST GUARD DOCUMENTS

MERCHANT MARINER'S DOCUMENT AND PROFESSIONAL LICENSE (Please check the appropriate boxes)

- | | |
|--------------------------------------------------------|--------------------------------------------------------|
| 1. <input type="checkbox"/> A/B Endorsement, Limited | 6. <input type="checkbox"/> Assistant Engineer License |
| 2. <input type="checkbox"/> A/B Endorsement, Unlimited | 7. <input type="checkbox"/> Chief Engineer License |
| 3. <input type="checkbox"/> Mate License | 8. <input type="checkbox"/> Lifeboatman Endorsement |
| 4. <input type="checkbox"/> Master License | 9. <input type="checkbox"/> OS Endorsement |
| 5. <input type="checkbox"/> Oiler Endorsement | 10. <input type="checkbox"/> Other _____ |

EDUCATION

 (Please check the appropriate boxes)

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Vocational School without completing High School | 6. <input type="checkbox"/> Some Graduate Work |
| 2. <input type="checkbox"/> High School Graduate or GED | 7. * <input type="checkbox"/> MA./MS./M.S.W. or other Master Degree |
| 3. <input type="checkbox"/> Vocational or Business School | 8. * <input type="checkbox"/> Other Graduate Degree (Ph.D./L.L.D./M.D./etc.) |
| 4. <input type="checkbox"/> Some College (two quarters or more) AA degree | 9. <input type="checkbox"/> Less than High School Graduate |
| 5. * <input type="checkbox"/> College Graduate (BA or BS degree) 4 Year College | *List Major _____ |

Are you a high school graduate or have you passed a general education development (GED) test?

☐ YES ☐ NO... If no, then what was your highest grade completed: _____

List post high school training, including college, business school, military training, and other relevant education.
If more space is needed, attach additional sheets.

School Name and Location	Month and Year Attended	Credits Earned			Major	Type of Degree Awarded	Year Degree Received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						

Former Name(s) _____

How did you hear about this job? _____

NAME: _____

EMPLOYMENT HISTORY

This section must be completed. Account for all time within the last ten (10) years. Start with your present or last position, then work backward.

You may use this form for volunteer as well as paid experience. For volunteer experience, 174.3 hours equals one month's experience. If you need more space, you may attach additional sheets.

1. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
2. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
3. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						
4. Present or Last Employer		Employer's Address			Employer's Phone Number	
Your Title		Start Date (Month/Year)	End Date (Month/Year)	Total Months	Avg Hrs Per Wk	Last Salary
Immediate Supervisor's Name	Reason for Leaving			Volunteer (Y/N)	No. of Employees Supervised	
Specific Duties:						

DATE AND SIGNATURE

All answers and statements are true and complete to the best of my knowledge.

I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

I also understand that the state will be conducting criminal conviction checks but a conviction record will not necessarily disqualify me from employment.

To be accepted you must sign and date this application.

Electronic applications do not require a signature. When submitted electronically, you are confirming that all information is true and complete.

Signature

Date (Month/Day/Year)

Authorization for Release of Personal Record Information

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as its original.

All fields must be completed, including Social Security Number and Date of Birth. If we do not have complete information, we will be unable to complete your background check, and your name will be removed from the hiring list.

Please Print Carefully

Name (First, Middle, Last) _____

Phone Number (Daytime) _____

(Night) _____

Social Security Number _____

Date of Birth (for Identification) _____

(MM/DD/YYYY) _____

Other Names Used

Dates Used _____

Dates Used _____

Dates Used _____

Current Full Address

Number and Street _____

City _____

State _____

Zip Code _____

Former Addresses in the Past Five (5) Years (continue on separate sheet if needed)

Dates _____

Dates _____

Dates _____

Driver's License Number _____

State _____

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What it means to be “On-Call” for the Deck Department at Washington State Ferries

- **You may be called to work with one hour’s notice.**
- **You may be called to work a shift that starts at 4:00AM.**
- **You may be called to work a shift that ends at 1:00AM.**
- **You may be called to work a shift that requires you to travel 80 miles.**
- **You may be called on Monday to work a shift on Tuesday in Mukilteo and another shift on Wednesday at Fauntleroy.**
- **You may be required to sleep on-board a vessel for a touring shift.**

Washington State Ferries operates numerous vessels on 8 different routes, 24 hours a day, seven days a week, 365 days a year, including holidays and weekends. The shift hours and days vary greatly. On-Call employees are generally called to work a shift for an employee who has called in sick, or is otherwise unavailable on short notice.

As an On-Call employee there are no guarantees for hours, shift locations, or advance notice for work assignments. WSF makes every effort to give On-Call employees advance notice of assignments, but due to the “fill-in” nature of the work that is not always possible.

By your signature you understand the uncertain nature of being an On-Call employee at WSF. You also understand the importance of being available for work when called.

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Signature

Date (Month/Day/Year)

Background Assessment Questionnaire

Name: _____

SSN: _____

- 1 Have you received discipline for performance related problems over the past ten years? YES ☐ NO ☐
If yes, please explain _____

- 2 Have you received discipline for harassment, including sexual harassment? YES ☐ NO ☐
If yes, please explain _____

- 3 Have you been disciplined for using illegal substances during work hours? YES ☐ NO ☐
If yes, please explain _____

- 4 Have you received discipline for failure to meet attendance standards? YES ☐ NO ☐
If yes, please explain _____

- 5 Have you received discipline for violating company policies or rules? YES ☐ NO ☐
If yes, please explain _____

- 6 Washington State Ferries has a policy of a drug/alcohol free workplace. Are you able to work within a drug/alcohol free environment? YES ☐ NO ☐
- 7 Have you received discipline for an act of violence or aggression against a co-worker, supervisor or customer? If yes, please explain _____

- 8 Have you received discipline for a violation of a safety rule or policy? YES ☐ NO ☐
If yes, please explain _____

- 9 Have you received discipline for theft or misuse of company/organization property? YES ☐ NO ☐
If yes, please explain _____

- 10 Have you ever been terminated or resigned in lieu of termination for any reason? YES ☐ NO ☐
If yes, please explain _____

- 11 Have you ever been disciplined for using alcohol while on duty? YES ☐ NO ☐
If yes, please explain _____

- 12 Have you ever been disciplined for being rude/discourteous to a customer? YES ☐ NO ☐
If yes, please explain _____

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Willingness and Ability Assessment

Name: _____

SSN: _____

- | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1 | Are you dependable?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2 | Do you have any commitment or responsibility that would prevent you from reporting to work every assigned day? If yes, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3 | Are you able / willing to perform all the duties of this position with or without reasonable accommodations?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4 | Are you willing to work with difficult people – both customers and (at times) co-workers?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5 | Are you willing to work in inclement weather?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6 | Are you willing to follow WSF's Policies, Rules and Procedures?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7 | Are you willing and able to give clear, responsible directions to the public?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8 | Are you willing and able to work cooperatively with other people?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9 | Are you willing to wear a uniform prescribed by WSF?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10 | Are you able to report for work on time?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11 | Are you willing to work unusual hours, weekend, holidays, etc.?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12 | Are you able to follow WSF safety rules?
If no, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13 | Do you have any reservations about your ability to meet all the requirements of the position you are seeking? If yes, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14 | Do you have any other commitments or priorities that would preclude you from carrying out the duties of the position for which you are applying? If yes, please explain _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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Department of Transportation Request for Release of Information

Have you worked with a Department of Transportation (DOT)-regulated employer within the previous two years?

YES ☐ NO ☐

If **NO**, please continue with the application on page 8.

If **YES**, please fill in the upper part of this form.

The lower part is for your (former) employer to complete. **WSF will forward this request to your (former) employer(s).** If you worked for more than one DOT-regulated employer please copy this form and complete one for every DOT-regulated employer.

Person for Whom Information is Requested

Name _____ SSN _____

Employed with _____
(Former) DOT-regulated Employer

Number/Street/PO Box No _____ City _____ State _____ Zip _____
from _____ to _____

The person identified above has sought employment with Washington State Ferries and is subject to alcohol and controlled substances testing provision of the DOT Regulations. Pursuant to 49 CFR §40.25, we are requesting the result of alcohol and drug testing of this individual while in your service for the past two years from the date of this notice, or information you have obtained from other employers if the individual was not in your service for a period of two years.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the above named employer to release alcohol and drug testing results, any other violations of DOT drug and alcohol regulations, and documentation of successful completion of DOT return-to-work requirements (including follow-up tests) for the past two years to Washington State Ferries.

Signature _____ Date _____

TO BE COMPLETED BY (FORMER) DOT-REGULATED EMPLOYER

REPORT OF TEST RESULTS

Not subject to Federal testing requirements.

Alcohol: Tested 0.04 BAT or greater

☐ No

☐ Yes

If yes, date(s) _____

Controlled substances: Verified positive drug test

☐ No

☐ Yes

If yes, date(s) _____

Refusal to test: Including adulterated & substituted results

☐ No

☐ Yes

If yes, date(s) _____

Please also provide information of any other violations of DOT drug and alcohol regulations, together with any documentation of successful completion of DOT return-to-duty requirements (including follow-up tests).

Signature _____

Date (Month/Day/Year) _____

Name of Employee _____

Title _____

Veteran's Information

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

☐ YES ☐ NO

List campaign, expeditionary, or service medals received:

2. Did you serve in active duty prior to May 8, 1975?

☐ YES ☐ NO

3. Were you discharged within the last eight years?

☐ YES ☐ NO

4. Are you receiving a monthly retirement benefit?

☐ YES ☐ NO

5. Are you a Vietnam-era veteran?

☐ YES ☐ NO

6. Do you have a service-connected disability?

☐ YES ☐ NO

If yes, list percent of disability: _____

7. Are you presently the spouse of a disabled veteran?

☐ YES ☐ NO

8. Are you presently the surviving spouse of a deceased veteran who died from service-related activities?

☐ YES ☐ NO

List campaign, expeditionary, or service medals spouse received:

9. If you are a surviving spouse, have you remarried?

☐ YES ☐ NO

10. Please give dates of your (or your spouse's) active military service

	Date Entered	Branch	Date Separated
You	/ /		/ /
Your Spouse	/ /		/ /

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Date (Month/Day/Year)

Affirmative Action Information

Name (Last, First, Middle Initial)	Date of Birth	Social Security Number
------------------------------------	---------------	------------------------

1. What race or culture do you consider yourself?
Please check only one group.

- ☐ Black / African American (870)
☐ White / Caucasian (800)
☐ Asian or Pacific Islander (API)
(If yes, check one box below):
- | | |
|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Vietnamese (619) |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Indian (600) |
| <input type="checkbox"/> Hawaiian (635) | <input type="checkbox"/> Japanese (611) |
| <input type="checkbox"/> Korean (612) | <input type="checkbox"/> Cambodian (604) |
| <input type="checkbox"/> Samoan (655) | <input type="checkbox"/> Laotian (613) |
| <input type="checkbox"/> Guamanian (660) | <input type="checkbox"/> Other API (please list) |
- _____

- ☐ Indian (American) (597)
Print or type the name of the enrolled or principal tribe:
- _____

- ☐ Eskimo (935)
☐ Aleut (941)
☐ Spanish / Hispanic (if yes, check one box below):

- ☐ Mexican, Mexican/American, Chicano (722)
☐ Puerto Rican (727)
☐ Cuban (709)
☐ Other Spanish / Hispanic
Print or type one group, such as Colombian, Dominican, Nicaraguan, Spaniard:
- _____

- ☐ Other Race (if checked, print or type):
- _____

2. Are you

- ☐ Male ☐ Female

3. Are you a veteran?

- ☐ Yes ☐ No

- ☐ Vietnam-era Veteran
☐ Disabled Veteran

Percent of disability: _____

4. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing or hearing?

- ☐ Yes ☐ No

5. Do you have a physical, mental or other health condition that has lasted six (6) or more month and which limits the kind or amount of work you can do at a job?

- ☐ Yes ☐ No

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Signature

Date

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North American and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Island. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

Black/African/American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For Affirmative Action purposes, persons with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means:

(a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the US Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.